Remarks

This is in response to the non-final Office Action mailed October 16, 2008. Claims 23 and 24 are canceled without prejudice or disclaimer. Claims 1, 9, and 17 are amended, support for the amendments being found at Figures 29A and 29B and page 12, lines 15-25. Claim 15 is amended, support for the amendments being found at Figures 50 and 51 and page 10, lines 2-6. Claim 22 is amended to depend from claim 17. Claims 1-9 and 12-22 remain pending. Reconsideration and allowance are requested for at least the following reasons.

I. Claim Rejections - 35 U.S.C. § 102

Claims 1-6 are rejected under 35 U.S.C. §102(e) as being anticipated by Hunn et al., U.S. Patent Publication No. 2004/0158207. This rejection is respectfully traversed, and reconsideration is requested for the following reasons.

Claim 1 recites a needle hub coupled to the housing and including a needle, the needle being coupled to a cannula of a subcutaneous infusion device, and the needle hub including barbs coupling the needle hub to the housing. Claim 1 further recites that, upon full introduction of the needle and associated cannula of the subcutaneous infusion device into a subcutaneous layer of skin of a patient, the projections come in contact with the barbs of the needle hub and force the barbs to release the needle hub from the housing, and the spring automatically moves the needle hub and associated needle into the internal cavity of the housing into the retracted state.

One example of a device configured as recited in claim 1 is shown in Figure 28A of the application. The example device shown in Figure 28A includes projections 444. As the housing 110, cylinder hub 120, and needle hub 130 are displaced in a direction A, barbs 335 of the needle hub 130 are forced inwardly by the projections 444 of the sleeve 140, and the barbs 335 are thereby uncoupled from engagement with the cylinder hub 120. Once the barbs 335 of the needle hub 130 are released from the cylinder hub 120, the spring 150, which has been compressed through the movement of the housing 110 in the direction A, propels the needle hub 130 and associated needle 336 in the direction B up through the cylinder hub 120 into the upper end 111 of the housing 110, as shown in Figures 29A and 29B. Application, p. 12, ll. 15-25.

Hunn fails to disclose or suggest a device configured in such a manner. Hunn discloses in Figures 9-12 a device that includes an inserting spring 21 that is triggered by the user pushing a first triggering button 24 to insert a needle carrier 27 including a needle 8 and a cannula 3.

Hunn also discloses a restoring spring 22 that is triggered by the user pushing a second triggering button 25 to remove the needle carrier 27 including the needle 8. Hunn, ¶ 0073. Hunn states that the restoring spring 22 can be triggered automatically by operating a "trigger mechanism" or by simultaneously releasing a holding ring 23 when the user presses in buttons 6b to release the latch between latching projections 6c and the latching projections 1a of the body 1. Hunn, Fig. 9; ¶¶ 0077 and 0078.

However, Hunn fail to suggest a trigger member including projections that, upon full introduction of the needle and associated cannula of the subcutaneous infusion device into a subcutaneous layer of skin of a patient, come in contact with the barbs of the needle hub and force the barbs to release the needle hub from the housing, and the spring automatically moves the needle hub and associated needle into the internal cavity of the housing into the retracted state, as recited by claim 1. Instead, Hunn only discloses a general concept of a "trigger mechanism" or releasing of a holding ring, but fails to disclose projections configured as recited by claim 1. Reconsideration and allowance of claim 1, as well as claims 2, 4, and 6 that depend therefrom, are therefore requested.

II. Claim Rejections - 35 U.S.C. § 103

Claims 7-9, 12, 13, and 15-24 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Hunn in view of Vetter et al., U.S. Patent No. 5,135,496. This rejection is respectfully traversed, and reconsideration is requested for the following reasons.

Claims 7 and 8 depend from claim 1. Vetter does not remedy the shortcomings of Hunn noted above. Reconsideration and allowance of claims 7 and 8 are therefore requested.

Claim 9 recites a needle hub being positioned in the interior passage of the hub and including barbs that couple the needle hub to the housing so that the needle hub is held in a fixed position relative to the hub and the housing, and a trigger member including projections. Claim 9 further recites that, upon the needle and associated infusion device being fully inserted into the subcutaneous layer of skin, the projections come in contact with the barbs of the needle hub and force the barbs to release the needle hub so that the needle hub is slideable relative to the hub. Claim 9 is therefore allowable for at least reasons similar to those provided above. Reconsideration and allowance of claim 9, as well as claims 12 and 13 that depend therefrom, are therefore requested.

Claim 15 recites that the cap includes a tamper-evident band that is coupled to the cap by a plurality of tabs extending about the taper-evident band, wherein the tabs break when the cap is removed from the housing. The Action concedes that Hunn lacks a tamper-evident band. Vetter only discloses a thin web 8 that is formed between a cap 7 and a ring 9. There is no suggestion that the thin web 8 includes a plurality of tabs that break when the cap is removed, as required by claim 15. Reconsideration and allowance of claim 15, as well as claim 16 that depends therefrom, are requested.

Claim 17 recites, upon the full insertion of the cannula by the device and the device reaching a trigger state, allowing projections within the device to move opposing barbs towards one another to release the needle from the housing. Claim 17 is therefore allowable for at least reasons similar to those provided above. Reconsideration and allowance of claim 17, as well as claims 18-21 that depend therefrom, are therefore requested.

Claim 22 is amended to depend from claim 17. Reconsideration and allowance of claim 22 are therefore requested.

III. Allowable Subject Matter

Claim 14 is allowed. The Examiner's assistance in identifying allowable subject matter is appreciated.

IV. Conclusion

Favorable reconsideration in the form of a Notice of Allowance is requested. Please contact the undersigned attorney with any questions regarding this application. Please charge any additional fees or credit any overpayment associated with this or any other paper to Deposit Account No. 13-2725.

Respectfully submitted,
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